



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blairstone Road  
Tallahassee, Florida 32399-2400

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

May 21, 2009

Yoke Chung  
Noble Oil Services Inc  
5617 Clyde Rhyne Dr  
Sanford, NC 27330- 9562

## BE IT KNOWN THAT

Noble Oil Services Inc

## IS HEREBY REGISTERED AS A USED OIL

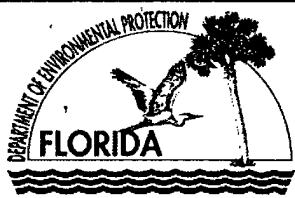
Transporter, Filter Transporter

pursuant to Chapter 62-710, Florida Administrative Code (F.A.C)  
The Department of Environmental Protection hereby issues  
Registration Number **NCD986172476** on May 21, 2009

**This registration will expire on 06/30/2010**

This certificate documents receipt of your annual registration  
and annual report. It shall be displayed in a prominent place  
at your facility. This certificate and your cancelled check  
are your receipts.

**Aprilia Graves**  
**Environmental Specialist IV**  
**Hazardous Waste Regulation Permitting**



8700-12FL - FLORIDA NOTIFICATION OF  
REGULATED WASTE ACTIVITY

DEP Waste Management Division-HWRS, MS4560  
2600 Blair Stone Rd. Tallahassee, FL 32399-2400  
(850) 245-8772

Date Received  
(for FDEP Official Use Only)

RECEIVED

MAR 31 2009

EPA ID N C D 9 8 6 1 7 2 4 7 6

MTS

RCRA Info

BY: ESHW

1. Reason for  
Submittal

Mark 'X' in  
correct box:

- ☐ To provide **initial notification** (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities).
- ☒ To provide **subsequent notification** (to update status and facility identification information).
- ☐ Is this the **final notification** (see instructions) for the facility?

2. Facility or  
Business Name

Noble Oil Services, Inc.

FEID No.

5 6 1 5 0 8 6 9 3

3. Facility Operator  
(List additional  
Operators in the  
comments section).

Name of Operator:

Noble Oil Services, Inc.

☐ New Operator

Date became Operator: \_\_\_\_/\_\_\_\_/1990  
mm dd yy

Street or P.O. Box:

5617 Clyde Rhyne Drive

Phone Number:

(919) 774-8180

City or Town:

Sanford

State:

NC

Zip Code:

27330

Operator Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

4. Facility Physical  
Location  
Information

Physical Street Address:

5617 Clyde Rhyne Drive

City or Town:

Sanford

State:

NC

Zip Code:

27330

County:

Choose LEE

If available, please attach a map or sketch of the facility boundaries.

Latitude: 35 55 . . . Longitude: 79 18 . . . Method:  
d d m m s s . ssss d d m m s s . ssss Datum:

5. Facility North American Industry  
Classification System (NAICS)  
Code(s)

A.

423930

B.

C.

D.



Initials

Date

6. Facility or  
Business Mailing  
Address

Street Address or P.O. Box:

5617 Clyde Rhyne Drive

City or Town:

Sanford

State:

NC

Zip Code:

27330

7. Facility or  
Business Contact  
Person

First Name:

Yoke

Last Name:

Chung

Title:

MGR of EHS

Phone Number:

(919) 774-8180

Extension:

134

E-Mail:

ychung@nobleoil.com

Street or P.O. Box:

5617 Clyde Rhyne Drive

City or Town:

Sanford

State:

NC

Zip Code:

27330

8. Real Property  
(Land) Owner  
of the Facility's  
Physical Location  
(List additional  
real property owners  
in the comments  
section.)

Name of Real Property (Land) Owner:

Noble Oil Services, Inc.

☐ New Owner

Date became Owner: \_\_\_\_/\_\_\_\_/1990  
mm dd yy

Street or P.O. Box:

5617 Clyde Rhyne Drive

Phone Number:

(919) 774-8180

City or Town:

Sanford

State:

NC

Zip Code:

27330

Owner Type: ☒ Private

☐ Federal

☐ Municipal

☐ State

☐ Other

**9. Type of Regulated Waste Activity ( Mark 'X' in all that apply):****A. Hazardous Waste Activities:****For Items 2 through 7, mark 'X' in all that apply.****(1) Generator of Hazardous Waste**

(Choose only one of the following three categories.)

- ☐ a. Large Quantity Generator (LQG):  
Generates in any calendar month 1,000 kilograms or greater per month (kg/mo) (2,200 lbs.) of *non-acute* hazardous waste; **or** Greater than 1 kg (2.2 lbs) of *acute* hazardous waste
- ☐ b. Small Quantity Generator (SQG):  
Generates in any calendar month greater than 100kg/mo but less than 1,000 kg/mo (>220 to <2,200 lbs.) of *non-acute* hazardous waste and/or 1 kg (2.2 lbs) or less of *acute* hazardous waste
- ☐ c. Conditionally Exempt SQG (CESQG):  
Generates in any calendar month 100 kg/mo or less (220 lbs.) of *non-acute* hazardous waste and 1 kg (2.2 lbs) or less of *acute* hazardous waste

**In addition, indicate other generator activities that apply.**

- ☐ d. United States Importer of hazardous waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

**(2) Treater, Storer, or Disposer of Hazardous Waste**

(at your facility) Note: A hazardous waste permit may be required for this activity.

- ☐ a. Operating Commercial TSD
- ☐ b. Operating Non-commercial TSD
- ☐ c. Non-operating: Postclosure or Corrective Action Permit or Consent Order (HSWA, etc.)

**(3) ☐ Recycler of Hazardous Waste (at your facility)**Specify: ☐ Commercial; ☐ Non-Commercial.

A permit is required for storage prior to recycling.

**(4) ☐ Exempt Boiler and/or Industrial Furnace**

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

**(5) ☐ Person Authorized to Manage Conditionally Exempt Waste Generated at Other Facilities - Choose this management activity ONLY if you attach EITHER a copy of your application for such authorization OR the authorization you received from FDEP.****(6) ☐ Underground Injection Control - Mark an 'X' even if the UIC well at your facility does not receive hazardous waste.****(7) ☐ Transporter of Hazardous Waste [ Note: A Certificate of Liability Insurance is required along with this registration.]**Registration must be renewed annually. ☐ a. For own waste only ☐ b. For commercial purposes**c. Hazardous Waste Transporter Insurance Information**

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_

Telephone \_\_\_\_\_

Policy Number \_\_\_\_\_

Expiration date \_\_\_\_\_

**d. Transportation Mode** ☐ Air ☐ Rail ☐ Highway ☐ Water ☐ Other - specify \_\_\_\_\_**e. ☐ Hazardous Waste Transfer Facility:** Storage Volume \_\_\_\_\_☐ **Initial notification**

The following items are required to be submitted with the initial notification for a transfer facility [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

- ☐ Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of Section 403.7211(2), Florida Statutes (F.S.) [Rule 62-730.171(3)(a)1., F.A.C.]
- ☐ Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- ☐ A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- ☐ A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- ☐ A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- ☐ A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
- ☐ **Notification of changes in above items**
- ☐ **Annual update notification**

**B. Universal Waste (UW) Activities (Mark 'X' in all that apply) ("accumulated" means at any one time):**

- ☐ Large Quantity Handler (LQH) = 5,000 kg (11,000 lb) or more of any combination of UW accumulated
- ☐ Small Quantity Handler (SQH) = always less than 5,000 kg accumulated
- ☐ Mercury-containing devices LQH = 100 kg (220 lb) or more accumulated by for-hire handler
- ☐ Mercury-containing devices SQH = less than 100 kg accumulated by for-hire handler
- ☐ Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler
- ☐ Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler
- [Note: 4 lamps = 1 kg, 62-737.200(10)]
- ☐ Pharmaceuticals LQH = 5,000 kg or more of universal pharmaceutical waste (UPW) accumulated
- ☐ Pharmaceuticals LQH = more than 1 kg (2.2 lb) of acutely hazardous ("P-listed") pharmaceutical waste accumulated
- ☐ Pharmaceuticals SQH = always less than 5,000 kg of UPW and always 1 kg or less of acutely hazardous UPW accumulated

(1) For those Managing	Generate/ Accumulate	Transport (see note in instructions)	Handle at Transfer Facility	(2) Enter your estimate of the maximum amount (in pounds) of each type of UW on site or transported at any one time.
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
c. Pharmaceuticals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
d. Mercury Containing Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
e. Mercury Containing Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

(3) Mercury Recovery and/or Reclamation Facility ☐ Note: A hazardous waste permit is required for this activity. [Rule 62-737.800, F.A.C.]  
[Chapter 62-737, F.A.C.]

(4) Reverse Distributor of UW ☐ Pharmaceuticals ☐ Lamps ☐ Devices ☐

(5) Destination Facility for UW ☐ Note: for this activity, a facility must treat, dispose or recycle a UW. A permit is required for storage prior to recycling.

**C. Used Oil Activities:****(1) Used Oil Transporter - indicate type(s) of activity(ies):**

- ☒ a. Transporter
- ☐ b. Transfer Facility

**(2) ☐ Collection Center****(3) ☐ Used Oil Processor (A permit is required for this activity.)****(4) ☐ Off-Specification Used Oil Burner****(5) ☐ Used Oil Fuel Marketer****(6) Used Oil Filter**

- ☒ a. Transporter
- ☐ b. Transfer Facility
- ☐ c. Processor
- ☐ d. End User

**(8) Specific Certification to be signed by all Used Oil Transporters**

I certify as a Used Oil Transporter that the training program and financial responsibility required under Section 62-710.600, F.A.C., are in place, current and being adhered to. If any modifications have been made to the originally approved training program, they are explained in attachments to this registration form. Evidence of financial responsibility is demonstrated by the attached Used Oil Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C.

  
Signature of Authorized Person

Yoke P. Chung, CHMM

Print Name of Authorized Person

(7) Used Oil Transporters, Transfer Facilities, Collection Centers, Off-Specification Burners and Marketers must pay an annual \$100 registration fee. Used Oil Processors are exempt from this fee. If applicable, enclose a check or money order, in the amount of \$100, payable to Florida Department of Environmental Protection.

☒ A check is enclosed.

(9) The records required under the provisions of Rule 62-710.510, F.A.C., are kept at (check one):

- ☒ our mailing (business) address
- ☐ The site (facility) address

EPA ID No.

NCD986172476

**D. Other State Regulated Waste Activities:**☐ **Petroleum Contact Water (PCW) Handler** [Chapter 62-740, F.A.C.]

Note: A water facility permit may be required for this activity.

**10. Waste Codes for Federally Regulated Hazardous Wastes:** List the waste codes of the Federal hazardous wastes handled at your facility. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112).

Hazardous waste transporters list codes routinely or usually transported. Use an additional page if more spaces are needed.

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

**11. Other Status Changes (Mark 'X' in all that apply):****A. Non-Handler of Regulated Waste at This Facility**

- ☐ (1) Business no longer generates, transports, treats, stores, or disposes of hazardous waste
- ☐ (2) Waste generated by business has been delisted.
- ☐ (3) Other (explain) \_\_\_\_\_

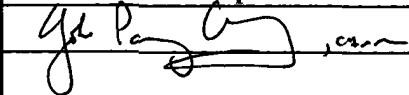
**B. Facility Closed**

- ☐ (1) Closed at this location and **moved or moving** to another - submit a new Form 8700-12FL for the new location if you will be handling regulated waste there.
- ☐ (2) Out of Business - Business closed on \_\_\_\_\_ (Date). Please provide a contact person, mailing address, and phone number where you can be reached after closing.

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

☐ **C. Property Tax Default**☐ **D. Petition for Bankruptcy Protection****12. Certification:** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. If I have notified as a transfer facility, I am aware that transfer facilities must comply with the requirements of Rule 62-730.171, FAC, and Rule 62-730.182, FAC.**Signature of owner, operator, or an authorized representative****Print Name and Title****Date Signed  
(mm-dd-yyyy)**

Yoke P. Chung, Mgr of EHS

03-26-2009

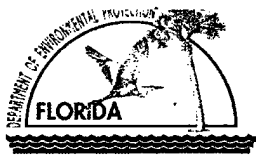
**If the person who filled in this form is not the Facility Contact or Operator, please complete the information below:**

(Name of person completing this form) \_\_\_\_\_

(Phone Number) \_\_\_\_\_

(E-mail Address) \_\_\_\_\_

**13. Comments:**



Department of Environmental Protection  
FDEP, MS 4555, 2600 Blair Stone Road Tallahassee, Florida 32399-2400

RECEIVED

DEP Form #62-710.901(3)  
Form Title Annual Report by Used Oil  
and Used Oil Filter Handlers  
Effective Date June 9, 2005

MAR 31 2009

Annual Report by Used Oil and Used Oil Filter Handlers\*

(\*Handlers are any persons subject to the registration requirements of rule 62-710.500 and 62-710.850, F.A.C. [See Section A, Box 5 below])  
for reporting period January 1, 2008 through December 31, 2008

Use the information recorded in your Record Keeping Form [62-710.901(2)] or equivalent to complete this document

SECTION A TO BE COMPLETED BY ALL REGISTERED PERSONS

1. Company Name: Noble Oil Services, Inc. 2. Telephone No. (919) 774-8180  
Site Address: 5617 CLYDE RAYNE DRIVE  
SANFORD, NC 27330 3. EPA ID No. NC0986 172 476

o Check box if any of the above items (1-3) have changed since your last registration

4. Name of person preparing report (please print) Yoke P. Chung  
Title MAN OF EHS Phone number (if different from #2, above) (919) 774-8180 x 134

5. Type of operation (check as many as apply to your operations)

Used Oil: ☒ Transporter o Transfer Facility o Collection Center/Aggregation Point o Processor o Marketer  
o Burner (of off-specification used oil)

Used Oil Filter: ☒ Transporter o Transfer Facility o Processor o End User

SECTION B USED OIL (TO BE COMPLETED BY ALL REGISTERED USED OIL HANDLERS. USED OIL FILTER HANDLERS SEE SECTION C)

1. Amount (in gallons) of Used Oil and Oily Wastes collected

a. In Florida.....  
b. From out of state.....

Automotive	Industrial	Mixed	Total
		16,207	16,207
			16,207

c. Beginning Inventory.....

d. Total (sum of totals from Lines a + b + c).....

2. Amount (in gallons) of Used Oil and Oily Wastes Managed

N - Not an end use, transferred to another facility for storage or processing.....

O - Marketed as an on-specification used oil fuel.....

F - Marketed as an off-specification used oil fuel.....

I - Marketed for an industrial process.....

B - Burned as an off-specification used oil fuel .....

D - Disposed of

Landfilled.....

Treated at a wastewater treatment unit.....

Incinerated.....

3. Total amount (in gallons) of used oil managed.....

4. End of year, on hand estimate (Difference between Lines 1D and Line 3).....

In State	Out of State
	16,207*

\* Used Oil collected in FL and transported back to our facility in Sanford, NC for processing

**SECTION C USED OIL FILTERS (OPTIONAL)** (USE TABLE BELOW FOR CONVERSIONS)

CHECK COLUMN IF OUT OF STATE ↓

1. Number of filters on hand from previous year.....
2. Number of used oil filters collected.....
3. Total number of used oil filters to manage (1 plus 2).....
4. Disposition of used oil filters collected:
  - a. Transferred to another registered facility.....
  - b. Burned for energy recovery at a Waste-To-Energy facility.....
  - c. Transferred directly to a metal foundry for recycling.....
  - d. TOTAL.....
5. End of year, on hand estimate (Difference between Lines 3 and Line 4d).....
6. Gallons of used oil collected as a result of filter processing.....
7. Gallons of used oil transferred to a used oil handler (transporter or processor).....
8. Volume of oily waste collected and managed as a result of filter processing.....
9. Description of oily waste management.....

φ	
φ	

**DIRECTIONS FOR SECTION C**

Conversion Table

One <b>55</b> -gallon drum of <b>crushed</b> used oil filters = approximately <b>400</b> used oil filters
One <b>55</b> gallon drum of <b>uncrushed</b> used oil filters = approximately <b>250</b> used oil filters
One <b>ton</b> of drained used oil filters = approximately <b>2,350</b> used oil filters

1. Enter the number of Used Oil Filters on hand, from previous year's inventory.
2. Enter the number of Used Oil Filters collected.
3. Enter the sum of Line 1 + Line 2.
4. Enter the number of filters managed by your facility in blocks 4a-c. Enter the sum of 4a-c in block 4d .
5. Enter the number of filters on hand at your site as of December 31, last year.
6. Fill in the number of gallons of used oil collected by your filter operation.
7. Enter the number of gallons transferred to a used oil transporter or processor.
8. List the volume (gallons or cubic yards) of the oily wastes collected through your filter handling. Oily wastes are identified in Chapter 62-710.201(1) of the Florida Administrative Code and include bottom sludges, sorbents, wipes etc.
9. Describe how oily wastes were managed (sent to a WTE, hazardous waste facility, landfilled after appropriate testing, etc.).

Any questions concerning this form may be referred to the Used Oil Coordinator, MS 4560, Department of Environmental Protection 2600 Blair Stone Road, Tallahassee, FL 32399-2400, Phone (850) 245-8754, email: [sebrene.bolton@dep.state.fl.us](mailto:sebrene.bolton@dep.state.fl.us), OR Phone (850) 245-8755, email: [aprilia.graves@dep.state.fl.us](mailto:aprilia.graves@dep.state.fl.us)

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
03/30/09

<b>PRODUCER</b> <b>Wachovia Insurance Serv-RA, NC</b> <b>8540 Colonnade Ctr Dr, Ste 111</b> <b>PO Box 97787</b> <b>Raleigh, NC 27624-7787</b>	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
<b>INSURED</b> <b>Noble Oil Services</b> <b>5617 Clyde Rhyne Drive</b> <b>Sanford, NC 27380</b>	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
	<b>INSURER A: Indian Harbor Insurance Company</b>	<b>36940</b>
	<b>INSURER B: Greenwich Insurance Company</b>	<b>22322</b>
	<b>INSURER C: XL Specialty Insurance Company</b>	<b>37885</b>
	<b>INSURER D: XL Insurance America, Inc.</b>	<b>24554</b>
	<b>INSURER E:</b>	

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
<b>A</b>		<b>GENERAL LIABILITY</b>	<b>GEC001385206</b>	<b>03/31/09</b>	<b>03/31/10</b>	EACH OCCURRENCE	<b>\$1,000,000</b>
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	<b>\$300,000</b>
		<input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				MED EXP (Any one person)	<b>\$5,000</b>
						PERSONAL & ADV INJURY	<b>\$1,000,000</b>
						GENERAL AGGREGATE	<b>\$2,000,000</b>
						PRODUCTS - COMP/OP AGG	<b>\$2,000,000</b>
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
<b>D</b>		<b>AUTOMOBILE LIABILITY</b>	<b>AEC001384906</b>	<b>03/31/09</b>	<b>03/31/10</b>	COMBINED SINGLE LIMIT (Ea accident)	<b>\$1,000,000</b>
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$
		<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
		<b>GARAGE LIABILITY</b>				AUTO ONLY - EA ACCIDENT	\$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC	\$
						AUTO ONLY: AGG	\$
<b>B</b>		<b>EXCESS/UMBRELLA LIABILITY</b>	<b>UEC001385106</b>	<b>03/31/09</b>	<b>03/31/10</b>	EACH OCCURRENCE	<b>\$4,000,000</b>
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	<b>\$4,000,000</b>
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ <b>10000</b>					\$
							\$
<b>C</b>		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<b>WEC001385406</b>	<b>03/31/09</b>	<b>03/31/10</b>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT	<b>\$1,000,000</b>
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE	<b>\$1,000,000</b>
						E.L. DISEASE - POLICY LIMIT	<b>\$1,000,000</b>
<b>A</b>		<b>OTHER Professional</b>	<b>PEC001385806</b>	<b>03/31/09</b>	<b>03/31/10</b>	<b>\$5M Each Claim</b>	
<b>A</b>		<b>Pollution Liab</b>	<b>PEC001385306</b>	<b>03/31/09</b>	<b>03/31/10</b>	<b>\$1M Each Loss</b>	

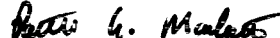
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

**CERTIFICATE HOLDER****CANCELLATION**

**Noble Oil Services**  
**5617 Clyde Rhyne Drive**  
**Sanford, NC 27330**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE





## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

## **IMPORTANT**

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

## **DISCLAIMER**

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.

NOBLE OIL SERVICES, INC.  
USED OIL COLLECTION  
FLOW CHART

